

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>12022</u>   | 2. Fiscal Year Covered From:<br><u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>  |
| 3. Name and address of person filing.<br>Name <u>Michael J DeVito</u><br>P.O. Box, Bldg., Room No., if any <u>—</u><br>Street <u>32 Galway Place</u><br>City <u>Boonton,</u><br>State <u>New Jersey</u> ZIP Code + 4 <u>07005</u> | 4. Name, file number, and address of labor organization.<br>Name <u>United Food &amp; Commercial Workers Union</u><br>Labor Organization File Number <u>002042</u> <u>Local 1245</u><br>P.O. Box, Building and Room Number, if any <u>P.O. Box 1245</u><br>Street <u>275 Paterson Ave</u><br>City <u>Little Falls,</u><br>State <u>New Jersey</u> ZIP Code + 4 <u>07424</u> |
| 5. Position in labor organization. <u>Recorder, Union Representative</u>  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |   |
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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.   |   |
| 6. Name and address of Employer (including trade name, if any).<br>Name <u>Benefit Plan Administration &amp; Benefit Plan Services</u><br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any <u>P.O. Box 426</u><br>Street <u>390 Route 202</u><br>City <u>Montville,</u><br>State <u>New Jersey</u> ZIP Code + 4 <u>07045</u> | 7.a. Nature of Interest, Transaction, or Income.<br><u>Christmas Holiday Gift Basket</u><br><u>12-23-04</u><br>7.b. Amount <u>\$75.00</u> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael DeVito

On

8-15-05

Date

1-973-402-4739

Telephone Number

|   |                |
|---|----------------|
| Name of Person Filing <b>Michael DeVito</b> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Rocco Press</b></p> <p>Trade Name, if any: <b>—</b></p> <p>P.O. Box, Bldg., Room No., if any <b>—</b></p> <p>Street <b>171 Walnut Street</b></p> <p>City <b>Paterson,</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>07522</b></p>   | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust <b>\$20.00</b></p> <p>c. Employer</p> <p><b>Printing Co - Vendor</b></p> <p><b>Bottle Liquor - Christmas Gift</b></p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>H. G. K. Financial Services</b></p> <p>Trade Name, if any: <b>Newport Towers</b></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 2601</b></p> <p>Street <b>525 Washington Blvd.</b></p> <p>City <b>Jersey City,</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>07310</b></p> | <p>11.a. Nature of such dealing.</p> <p><b>Local 1245 Pension Fund</b></p> <p><b>Money Manager.</b></p>   |
|  | <p>11.b. Approximate dollar value of such dealing. <b>\$ 125.00</b></p>   |
|  | <p>12.a. Nature of interest held or income received.</p> <p><b>Dinner - Savanna</b></p> <p><b>Steak House</b></p> <p><b>N.Y.C., New York</b></p>  |
|  | <p>12.b. Amount.</p>  |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Oransky, Scavaggi, Berg, Abbamonte P.C.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 1-A</b></p> <p>Street <b>175 Fairfield Ave</b></p> <p>City <b>West Caldwell</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>07006</b></p> | <p>14.a. Nature of payment.</p> <p><b>Holiday Party</b></p> <p><b>Invited as a guest.</b></p> <p><b>Tulipano's Restaurant</b></p> <p><b>Cedar Grove, N.J.</b></p> |
| <p>13.b. Is the Business an Employer or Consultant (Attorney)? <b>X</b></p>  | <p>14.b. Amount of payment.</p> <p><b>\$ 50.00</b></p> <p><b>Ap:OX</b></p>  |